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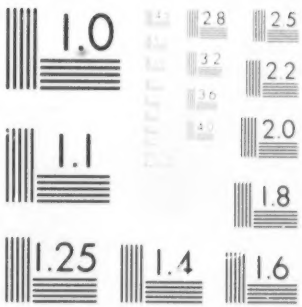

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ABSTRACT

The document provides information from the practitioner's viewpoint regarding the school psychologist's contribution in serving children with behavior problems. Many variables, such as federal and state laws, professional standards and guidelines, as well as codes of ethics and trends in psychology, are seen to effect the decision making process for the psychologist in organizing and providing appropriate service for children with behavior disorders. The authors have drawn together information on the above variables and applied it to the following topics: identification, planning intervention strategies, and working with parents. (SBH)

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ED157238

School Psychological Services

Children with Behavior Disorders

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INTRODUCTION

The intent of this publication is to provide information from the practioners viewpoint regarding the school psychologist's contribution in serving children with behavior problems. Many variables, such as federal and state laws, professional standards and guidelines, as well as codes of ethics and trends in psychology, come to bear on the decision making process for the psychologist in organizing and providing appropriate service for children with behavior disorders. The authors have drawn together these sources of information and applied this to the topics of: (1) identification (2) planning intervention strategies and (3) working with parents of children with behavior disorders.

It is acknowledged that the school psychologists is frequently a member of a team in providing services to children with behavior disorders. This publication is intended to aid psychologists in providing quality psychological services as a team member and no attempt is made to define the role, functions and standards of performance of other disciplines.

A special word of thanks and appreciation is extended to the the three authors who accepted the challenge and provided the material for this publication. Iowa is fortunate to have good school psychologists such as:

Bette Hansell

Anne Connolly

Phyllis Hansell

If we provide psychological service to children with behavior disorders in accordance with the procedures recommended in this publication, it will be in the best interest of the children, parents and school who receive the services.

Appreciation is expressed to Diane Doolittle, secretary, for the typing of the manuscript and Ray Benter, graphic artist, for the cover design.

Jeff Grimes
Consultant for Psychological Services
Iowa Department of Public Instruction

September, 1977

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CHAPTER I

CONSIDERATIONS AND PROCEDURES FOR IDENTIFICATION OF BEHAVIOR DISORDERS WITHIN THE SCHOOL SETTING

BY: BETTE HANSELL

I. CONSIDERATIONS AND PROCEDURES FOR IDENTIFICATION OF BEHAVIOR DISORDERS WITHIN THE SCHOOL SETTING.

BY: Bette Hansell

Legal Considerations

Recent litigation and federal regulations have mandated specific safeguards for the identification of handicapped children. These legal policies directly affect the role of the psychologist in the identification process by imposing the following general requirements. First, due process procedures which include notice, consent, and the right to question inclusion in a special class placement should be followed throughout. Second, the equal protection rights of the handicapped child must be safeguarded. Section 504 of the Rehabilitation Act of 1973 and Public Law 94-142 establish the right of all handicapped children to receive equal educational services. Recent court cases invoking Section 504 (Davis v. Wayne, Federick L and Delaware Valley Association for Children with Learning Disabilities v. Thomas, Lona v. Board of Education) have argued that the test of equal education is the suitability of the services for the needs of the child. Thus the child has a right to proper diagnosis and placement. Misclassification of a child in a special classroom for the purpose of exclusion may be a violation of the equal protection provision. Third, implementing regulations for Section 504 and P.L. 94-142 place an obligation on the school system to provide services for the handicapped child in the most normal setting feasible. A handicapped child may not be removed from the regular educational environment except when it can be demonstrated that the severity of the student's handicap is such that education in the regular classroom with the use of supplementary aids and services cannot be achieved satisfactorily (Code of Iowa 281.2(2)). Therefore, the psychologist should provide direct programming and consultative services in the regular classroom

along with documentation of program effectiveness prior to any consideration of special education placement. Fourth, the law is requiring a system of accountability in the identification of handicapped children. This requires documentation of overt objectively verifiable behavior as justification for special education placement. Accordingly, the Rules of Special Education (1977) define emotional disability as follows:

> "emotional disability" which is manifested as a behavior disorder, is a pattern of situationally inappropriate behavior, observed in the school setting, which deviates substantially from the behavior appropriate to one's age and significantly interferes with the learning process, interpersonal relationships, or personal adjustment of the pupil. The determination of this handicap is largely based on the consistency, intensity, and duration of the behavior of concern.

Finally, the gathering of prescriptive information should be an essential part of any psychological assessment. Simply labeling the child emotionally disabled or behaviorally disordered does not solve the problem of how to provide effective remediation. Focusing on overt verifiable behavior facilitates the development of treatment goals and procedures. Without such a treatment program there is no legal justification for placing a child in a special education setting.

Assessment Considerations

The amended DPI definition of emotional disability identifies several dimensions which should be considered as part of a comprehensive assessment. The first dimension is the appropriateness of the pupil's behavior to the situation in which it occurs. The second dimension is the appropriateness of the behavior to the age of the child. Obviously these dimensions are interrelated so that an assessment of one cannot be made in isolation of the other. When determining the appropriateness or inappropriateness of a child's behavior, the relevant variables are the consistency, the intensity, and the duration of

the behavior. These are descriptors of the behavior which can be quantified and documented. What this will require is careful observation of the child's behavior on more than one occasion and in more than one setting. Once the consistency, intensity and duration of the behavior can be documented objectively an assessment must be made as to whether the behavior is consistently inappropriate to the situation and/or deviates substantially from behavior appropriate to the age of the child. If the behavior is inappropriate in terms of either one of these dimensions there must still be a determination that the inappropriate behavior significantly interferes with the learning process, interpersonal relationships, or personal adjustment of the child. It may be that the behavior is consistently inappropriate but does not seriously impair the pupil in any of these growth areas. If so, placement in a special classroom will be of questionable therapeutic value.

Assessment of the age appropriateness of the behavior in terms of its consistency, intensity and duration requires a knowledge of the research and literature in the field of developmental psychology. The psychologist is, therefore, uniquely qualified to evaluate the documented evidence of the behavior as it relates to developmental research. Assessment of the second dimension, the appropriateness of the behavior to the situation in which it occurs, also depends on documentation of the consistency, intensity and duration of the behavior. It should be acknowledged, however, that labeling behavior appropriate or inappropriate, "normal" or "abnormal" is not based on some intrinsic difference. "Abnormal" behavior is no different from "normal" behavior in its development, its maintenance, or in the manner in which it can be changed. What these labels represent are societal judgements about behavior.

In a puralistic society, demographic characterisitcs may further influence the evaluation of behavior since different groups may have different understandings of what is appropriate behavior in any given situation (Ulmann and

Krasner). Thus the psychologist should ask if the judgement as to what is appropriate behavior is reasonably free of bias concerning the sex, age, race, and cultural background of the pupil. An assessment which is not reasonably free of such bias may be open to legal challenge (Martin).

Given these cautions, a judgment must still be made. Observing the student's behavior in the natural setting in which it occurs in terms of consistency, intensity and duration will help to insure that the judgement is as reasonable and objective as possible. There are several other advantages to documenting behavior according to these three variables. First, describing and recording behavior objectively allows for verification by others and facilitates agreement among team members. Second, documentation of these variables aids in the setting of treatment goals and evaluation of treatment effectiveness. Third, describing the behavior in objective terms rather than simply labeling the child focuses attention on the problem and possible solutions. Fourth, describing behavior which is acceptable or unacceptable in clear and precise terms makes it possible to inform the student and parent thus providing notice and allowing the student an opportunity to change the behavior of concern.

It is important to show that the behavior is actually occurring, that it can be documented objectively, and that it is occurring frequently and consistently enough to warrant intervention. Consistency refers to how frequently the behavior occurs in the same setting or across settings. If the behavior occurs in only one setting but does not occur in other school settings it might be useful to compare the social and educational factors that are influencing the behavior. It may be that the behavior of someone other than the child needs to be changed.

Almost every problem behavior is engaged in by all children at some time

or another. Behavior becomes a problem for the child and for others when it occurs too frequently at the wrong time or in the wrong place. How frequently the behavior can occur before intervention is justified, depends upon the behavior. If the child physically harms another child once a week the behavior may be considered too frequent. If, however, the child is verbally abusive toward another child once a day the frequency of the behavior may not be sufficient to warrant intervention.

The second variable is intensity. This relates to the topography of the behavior. When the child is crying is she simply tearing or is she screaming and throwing herself on the floor? Does the child strike another student with enough intensity to inflect harm or is the contact noninjurious? Teacher and parent reports of the child's behavior may lack specificity. By observing the behavior in the natural setting in which it occurs the psychologist can obtain a clearer picture of the intensity of the behavior.

The third variable is duration. How long does the behavior last. When the child cries does the crying last for three minutes or does the crying last 30 minutes? Is the pupil isolating himself in the classroom for short periods of time or does he sit in an isolated part of the room for most of the class period? The duration and intensity of the behavior will be important variables in determining how frequent is too frequent.

One outstanding characteristic of children who manifest a behavior disorder is not so much their inappropriate behaviors but rather that they have not learned alternative socially acceptable behaviors. For this reason it is also essential to look at the pupil's strengths during the assessment process. What behaviors does the student engage in which are desirable and can be further built upon or strengthened? Emphasis on the student's current strengths aids in the setting of positive treatment goals and helps to insure that these behaviors will be directly shaped and maintained in the treatment program.

Occasionally a student is referred to the psychologist because of an overt behavior which in itself does not justify intervention but which appears to the teacher or parent to be the beginning of more severe behaviors. While the motive for intervention may be humane (i.e. the prevention of more severe problem behaviors) the psychologist should recognize that if the initial behavior in the presumed continuum does not justify intervention in the first place, then intervention based on a predicted worsening of the behavior is not justified (Martin).

Another area of concern occurs when the behavior for which the student is referred is "disruptive" behavior. There are several questions that should be asked. Is the behavior a constitutionally protected right such as speech, dress, or assembly? If so, it should not be subject to intervention. Is the student being referred for the purpose of exclusion? A recent suit filed in New York, Lona v. Board of Education, asserts that school administrators are arranging with counselors to certify children who are discipline problems as emotionally handicapped. The suit contends that misclassification for the purpose of exclusion is a violation of the equal protection provision of Section 504, and P.L. 94-142 (Law and Behavior, 1977). Care must therefore be taken to see that the legal rights of the student are safeguarded during assessment and that any placement decision is made in the best interest of the student and not for the convenience of the school system.

Assessment Procedures

The Iowa Department of Public Instruction publication, School Psychological Services, Guidelines and Resource Material, states that in providing for impartial and comprehensive assessment procedures it is critical to consider the following:

> 1) Utilize many kinds of people in assessing the pupil's behavior including assessment specialists, teachers, parents and others as necessary; 2) Utilize various procedures to measure the pupil's abilities and disabilities to insure that standardized test scores,

behavioral data, impressions, opinions and other information are validated from multiple sources; 3) Focus on behavior in a variety of structured and unstructured situations and including: classroom, at home, community and other settings.

In addition, a comprehensive psychological assessment should include all procedures necessary for the purpose of development and implementation of intervention strategies. These procedures may include but are not limited to; direct observation; teacher interview; parent interview; behavior checklist; student interview; projective or other standardized tests; compilation of information from previous psychological evaluations; including psychological evaluations conducted by outside agencies; and the integration of all data relevant to the evaluatory process.

It is understood that the assessment procedures used in the identification of behavior disorders will depend upon the theoretical orientation of the individual psychologist. However, any assessment procedure should aid in the documentation of behavior and the analysis of behavior for the purpose of developing intervention strategies. The psychologist is the professional who has extensive training in these assessment techniques. Furthermore, the profession requires stringent ethical standards regarding the use of assessment procedures. These ethical and professional standards are detailed in Standards for Educational and Psychological Tests published by the American Psychological Association and are intended to apply to all assessment procedures, devises, or aids. The following sections discusses the assessment procedures most frequently used in the identification of behavior disorders and is not meant to be inclusive.

Interviews with teachers and parents can help the psychologist in determining the consistency, intensity, duration and situational appropriateness of the pupil's behavior. Knowledge of the social and physical environment of the child can also provide prescriptive information as to how the behavior can be

changed. For these reasons it is essential that the psychologist interview both the teacher and the parent. The purpose of the interviews should be to convert the initial referral complaint into a description of the child's behavior in precise and measurable terms, to obtain clues to the relevant events which may be maintaining the behavior, and to explore acceptable alternative behavior.

A third source of information may be the student himself. While a student interview may not always be useful or desirable, particularly with a younger child, with older children it may not only provide valuable information but can also be used to involve the student directly in a behavior change program.

Behavior checklists may also be used to gather information from significant others in the child's environment. There are several commercially available behavior checklists which ask the adult to rate the pupil's behavior in terms of various behavior descriptions. The psychologist may find these to be useful assessment aids and may want to adapt them to his/her own needs. There are precautions to consider when using a prepared behavior checklist. The reliability of a behavior checklist is dependent upon the specificity of the behavior descriptions. General and imprecise terms will have different meanings to different raters thus lessening reliability. The behavior checklist may also magnify the problem behavior by biasing the rater's responses. The use of additional assessment procedures, such as direct observation in the classroom, along with the behavior checklist, is therefore recommended.

Information regarding the pupil may also be gathered from outside agencies that have been directly involved with the child. When this information includes a psychological evaluation the psychologist is responsible for compiling and interpreting the relevant data. As with all secondhand information, there is

no protection against bias or error. Care should, therefore, be taken when using such information in a decision to place a child in a special education setting.

Observing and recording the child's behavior in the natural setting is an essential component in the assessment of behavior disorders. Observation techniques are becoming increasingly complex and sophisticated. A trained observer can obtain information on the frequency, intensity, and duration of the behavior; the environmental contingencies maintaining the behavior; and the appropriate or desirable behaviors that can be strengthened. What is required is frequent observations in a variety of school settings.

Projective tests are occasionally used in the diagnosis of children with behavior disorders. Public Law 94-142 and the American Psychological Association Standards for Educational and Psychological Tests set guidelines that must be considered in the selection and administration of tests as part of an evaluation process. No one test or type of test should be the sole criterion for special education placement. The test and its administration should not be racially or culturally discriminatory. There must be justification to test. The most persuasive justification for testing would be a specific overt behavior which indicated a need for testing (Martin). The use of projective tests in the assessment of behavior disorders has its own problems. The interpretation of the test usually results in a description of the child with such catchall phrases as "unsocialized aggressive reaction," "hyperkinetic reaction" or "withdrawal reaction." These terms provide little prescriptive information which can be used to develop a treatment program for the child. Furthermore, they do not specify the overt behaviors which justify intervention. The law does not look favorably on the use of hypothesized internal states or psychodynamic conceptualizations as justification for the exclusion of a pupil from the regular classroom. There must still be documentation of overt behavior and

specific programming recommendations before a special education placement can be considered.

If, after careful assessment, the recommendation is made to place the child in a self-contained classroom for children with behavior disorders, a consultation is required with a psychiatrist or licensed psychologist. This is often misinterpreted as an additional evaluation or as seeking approval for the recommendation from another professional. It is, however, only a procedural safeguard. The assessment information gathered by the psychologist is shared in the consultation and the question asked is whether there is any reason the recommendation would be contraindicted.

The identification of behavior disorders in the school setting requires an extensive psychological evaluation. The psychologist can insure that the evaluation is not only responsive to relevant legal and ethical considerations, but that it also results in the kind of prescriptive information necessary to effective intervention.

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CHAPTER II

CONSIDERATIONS FOR PLANNING INTERVENTION STRATEGIES FOR STUDENTS WITH BEHAVIOR DISORDERS

BY: ANNE CONNOLLY

CONSIDERATIONS FOR PLANNING INTERVENTION STRATEGIES FOR BEHAVIOR DISORDERED STUDENTS

Providing direct services to children in the schools who present or are having adjustment problems is a frequently stated goal of school psychologists. The remediation of academic or perceptual deficits may best be accomplished by teachers with specialized training; thus the psychologist may have little direct involvement in implementing the special educational program. However, the psychologist is the professional who is uniquely prepared to aid in the development and implementation of a treatment plan for the problems presented by the child with a behavior disorder. Psychologists should therefore respond to this need of the educational system by offering those specialized skills to plan for and provide services to pupils exhibiting this handicapping condition. It is certainly recognized that different types of intervention strategies will be designed by various psychologists, in part due to differing training programs. Therefore, it is not the intent of this section to present a model program representing a particular methodology or school of thought. Rather, what will be presented are some general suggestions and guidelines for consideration that are in compliance with the Education For All Handicapped Children Act of 1975 (P.L. 94-142).

As stated earlier, the purpose of this act is to extend the doctrine of equal opportunity by ending discriminatory practices in the education of handicapped children. Children exhibiting any handicapping conditions are insured an appropriate public education at no expense to the parents. This mandate is to be accomplished by providing special education services designed to meet the unique needs of each child. In addition, this legislation specifies that those services offered will be assessed at least annually to evaluate their effectiveness in progressing handicapped children toward feasible and

educationally relevant goals.

Determination of "Appropriate" Services

Rendering suitable services could be difficult to accomplish in the sense that the term itself is vague, and thus could be complied with in a multitude of ways. Fortunately, P.L. 94-142 and Section 504 of the Rehabilitation Act of 1973 supply some guidelines to follow in meeting these regulations. The first and foremost provision is that each child must be properly identified and not merely diagnosed to fit existing or readily available programs. Individual educational needs must be thoroughly enumerated, regardless of the availability of personnel or programs necessary to supply those services.

In recommending services to meet the special needs of a child, one should select the least restrictive program option feasible. School Psychological Services, Guidelines and Resource Material states that to the maximum degree possible, handicapped children are to be educated in the regular classroom. The use of aides and special materials is regarded as preferable to segregating handicapped children into self-contained classrooms to the extent that the child's needs can be met satisfactorily. Various student behaviors that are problematic have already been discussed in the previous section of this paper. The overall classroom environment must also be realistically assessed in terms of its adaptability for dealing with a child exhibiting problem behaviors. This type of student in the regular classroom presents a difficult situation for the teacher. Many state that their training does not equip them to understand and consequently solve these types of problem situations. Time constraints are also frequently stated as a limiting factor. Yet, to effectively meet the needs of the handicapped child, the regular classroom teacher must first be willing to try to do so, and must have sufficient time and auxilliary services made available to allow for preparation and implementation of a special program.

Placement of children in segregated, self-contained classrooms may be necessary and can be justified when the types of problems exhibited by the child are so severe that they require a great amount of teacher time to remediate them.

Currently, emotionally disabled and behavior disordered students are served primarily in resource programs and self-contained special education classrooms. This situation may require some careful scrutiny to determine if the most appropriate educational placement is actually being recommended. The possibility exists that the mildly disruptive student is incorrectly diagnosed as learning disabled, often due to the ease with which those services, can be provided within the child's home school and the lack of comparable services for the behaviorally disordered child. Although the child may have an academic deficit, according to P.L. 94-142, the diagnosticians are obligated to state what types of services are needed rather than utilizing another program merely because it is available. When only those currently existing program options are recommended, one runs the risk of either mislabeling the child or providing a more restrictive alternative than is actually necessary.

Additional program options need to be utilized to provide a more sensitive continuum of services which would more closely parallel the needs of behavior disordered children without unnecessarily restricting their environment. Several educational options are listed in School Psychological Services: Guidelines and Resource Materials to aid in planning for special educational needs. Options #4 and #7 are pertinent and not employed frequently enought -- at least not uniformly in all AEA's. They are as follows:

Option 4: Regular educational program with special education consultative services.

Option 7: Regular educational program in addition to intinerant special education support personnel working in the regular classroom

These services could be provided by the school psychologist through working directly with the classroom teacher in attempting to remediate those behavioral problems that can be effectively treated within the environment. The psychologist should regularly allocate time to serve as a consultant for teachers to help them analyze the problem situations a child may present as well as suggest potential strategies for solving these problems. Not only might this step solve many behavior problems before they become intensified, but also the information provided by this pre-requisite step would aid in making the sensitive decision as to whether special class placement is warranted.

A third and critical dimension regarded to constitute appropriate services is program assessment to insure that services offered are effective in promoting development. Segregation of pupils should not occur unless it is the intent of the educational system to raise the functional level of those children to allow them to re-enter the mainstream (Martin, 1976). Not only do students have a right not to have their condition worsen as a result of the placement. Recent litigation indicates that those responsible for providing treatment are obligated to monitor those programs and revise procedures accordingly if the treatment is not working (Martin, 1976). Although these findings pertain to personnel in institutional settings, the logic could easily extend to psychologists and other team members working with students in the public schools. Certainly psychologists would have little difficulty accepting this responsibility as the standards of their profession have always viewed monitoring and revision of treatment programs as essential to good practice.

In order to assure that there are ongoing educational programs for all students identified as having special needs, P.L. 94-142 is requiring the construction of an individual educational plan (IEP) for each student. Each IEP must be a written plan stating current levels of functioning in all problem areas, the annual goals for each area, as well as the intermediate steps to achieve those goals. Additionally, the services required are to be enumerated

along with the personnel (and their qualifications) responsible for performing each service. The expected length of time that the service will be needed is to be noted. The plan must also detail a schedule and method for evaluating the adequacy of the treatment program.

Increased Involvement of Psychologists at Three Levels

Those identified as emotionally disturbed or behavior disordered present a group of students with special educational needs that are uniquely suited to the professional skills possessed by psychologists. It would be advantageous to both the individual student and the education system for psychologists to participate in writing the individual education plan, implementing the plan, and monitoring progress to assess the effectiveness of the plan for those students so identified.

As A Program Developer

P.L. 94-142 stipulated that the parents, the teacher, and a representative of the local education agency participate in the construction of the individual educational plans. It is obviously important and quite advantageous to have full involvement and cooperation of parents and teachers in the determination of the educational program. It is equally important that the psychologist be involved in developing goals to be met as he/she was at least partially responsible for the assessment of the problem. Involvement of the psychologist in writing the IEP is a logical extension of the assessment phrase in the sense that the information gained during assessment provides the only useful information allowable for setting the goals of the IEP.

The content of the treatment program for a child with a behavior disorder may need to include both behavioral and academically oriented goals. Those problems which lead to identifying a child as emotionally disturbed or behavior disordered are frequently behavioral excesses (i.e. the child too frequently engages in inappropriate or maladaptive behaviors) or behavioral deficits (i.e. the child fails to make an appropriate response for a given

situation or lacks a functional skill). Since frequently engaging in inappropriate behavior impedes academic growth for many children, remediating academic deficits may also need to be dealt with in the IEP. This is not altogether unwise, as recent research indicates that longer lasting gains are obtained when the treatment program focuses on building positive behaviors rather than merely trying to eliminate the maladaptive ones. Thus, concentrating on increasing the number of assignments completed indirectly accomplishes the same goal as would directly punishing disruptive behaviors. In writing the goals for the treatment program, the following legal considerations are of importance.

1. "The only acceptable goal for any public program of behavior change should be to change overt behavior" (Martin, 1976).
2. The goals of the program should be derived directly from the assessment; in other words, one should attempt to change only those behaviors that brought the student to your attention.
3. Goals should involve only those behaviors that are of a legitimate interest to the system to alter. While certain behaviors may be objectionable, they should not be the targets of direct behavior change programs if they are constitutionally protected rights (such as speech, dress, assembly, etc.).
4. Most behavior is performed in a social environment; therefore, an adequate behavior change program often necessitates changing the behavior of others as well.
5. Long-range goals, which clearly state the growth expectancy necessary for return to the regular classroom should be incorporated.

As A Service Provider

It is critically important for psychologists to design classroom intervention strategies and other treatment programs for dealing with many types of problems that occur either within regular or special education classrooms. The psychologist could serve in a consultative capacity to the teacher, work

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As A Service Provider

It is critically important for psychologists to design classroom intervention strategies and other treatment programs for dealing with many types of problems that occur either within regular or special education classrooms. The psychologist could serve in a consultative capacity to the teacher, work

directly with the child in the classroom, or offer counseling services for the child.

The observations of ongoing behavior made during the assessment phase should have produced objectively verifiable information that aids in prescribing treatment. The treatment goals should be easily established from the prescriptive information. If not, then the intervention will not adequately meet the child's needs. An analysis needs to be made to identify those factors responsible for causing the problem behaviors and maintaining them in strength. "Change is not made by simply focusing on the behavior alone. It is important to specify the environmental conditions associated with the behavior and the conditions which will be used to achieve behavior change" (Kazdin, 1975). The next step is to devise a program to encourage the child to behave differently in the given situation. Goals should be written so that they deal with observable behaviors, are stated objectively, and are divided into a hierarchical sequence of tasks. In motivating the student to behave differently, the psychologist needs to be cautious about the methods employed. Those items that an individual is entitled to as constitutional rights should not be arranged as rewards or privileges to be earned. Also, the use of punishment should be limited and employed only after less drastic alternatives have failed (Martin, 1976). It would be wise to allocate time prior to initiating the treatment program to train the teacher to implement it if she will be the person interacting directly with the child. Throughout the course of the program, the psychologist will need to monitor it closely.

As A Program Evaluator

In general, the purpose of program evaluation is "to revise, delete, modify or confirm the efficacy of the educational experiences" (Borich, 1977). P.O. 94-142 calls for at least annual or more frequent review. In order to

document the effectiveness of a program, continuous monitoring and careful assessment of student progress is essential. "It is unwise to rely upon human judgement and informal impressions to determine whether behavior has changed" (Kazdin, 1975). Pre and Post-tests are useful for measuring academic growth, but are not especially accurate in gauging less discernible changes in behavior. Therefore, carefully defined responses should be measured and recorded in a fashion that will allow an analysis of trends. If trends are not in the desired direction, then program modifications can be implemented. This type of ongoing evaluation has the advantage of increasing sensitivity to student needs by early detection of a poorly functioning program.

Another frequently overlooked aspect of program evaluation is determining that progress made is maintained over time when the child returns to the regular classroom. The psychologist may wish to go beyond merely reporting this occurrence or lack of it. Although maintenance and generalization are difficult to achieve in any treatment program, there are many methods that can be incorporated which appear promising. For example, ressearch suggests that increased involvement of the child in the treatment program (helping to set goals, monitoring and recording progress, etc.) improves the likelihood that behavior changes will remain when the treatment program has been discontinued. Another method is to minimize distinguishable and unique properties of the special education program. The more obvious the difference in contingencies between a special education classroom and the regular classroom, the less likely that progress made will transfer to the regular classroom. Those behaviors trained in special education programs should be taught in a variety of situations. This will have the effect of increasing the strength of the behavior and reducing the discriminability of the situation in which a special program is in effect, (Kazdin, 1975).

Following these H.E.W. regulations would lead to more accountability in educational services as well as within the profession of school psychology. It would seem that helping solve the behavioral and adjustment problems of students would be viewed as a valuable component of pupil services.

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CHAPTER III

WORKING WITH PARENTS OF CHILDREN WITH BEHAVIOR DISORDERS

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III. WORKING WITH PARENTS OF CHILDREN WITH BEHAVIOR DISORDERS

By: Phyllis Hansell

Including parents in assessment procedures, intervention plans, and direct services rests on two foundations: practical advantages and the need to comply with recent legal regulations. No assessment is complete, and intervention has little chance of success, if parents are excluded. Current legislation and implementing regulations directly mandate parental involvement. The term parent; to be used throughout this section, is intended to apply to a natural mother or father, an adoptive mother or father, a legally appointed guardian or a surrogate parent appointed to act in the best interests of the child.

The legal regulations concerning identification and intervention strategies appear to demand much of the professional, but should be viewed positively. Those requirements facilitate good professional practice. Those who provide psychological services must be fully aware of the related legal rights and procedures. The Standards for Providers of Psychological Services, published by the American Psychological Association, includes the position that psychologists:

> "must recognize and appreciate the many legal and civil rights ramifications of report data, disclosures, and other information obtained in the course of providing psychological services. The psychologist shall continually be aware of and sensitive to the issues of confidentiality of information, the short term and long term impact of decisions and recommendations, and other matters pertaining to individual legal and civil rights."
>
> "All providers of psychological services shall be familiar with appropriate state statutes regulating the practice of psychology. They shall also be informed about state agency regulations which have the force of law and which relate to the delivery of psychological services....."

These standards render the psychologist responsible for an awareness of, and adherance to, procedures protecting client/student rights. Much of what is demanded, particularly by due process requirements, is appropriately fulfilled by

the psychologist. Step by step requirements of due process procedures have been provided in School Psychological Services, Guidelines and Resource Material published by the Department of Public Instruction, and is available to every school psychologist. The steps will not be listed again, but will be referred to as they relate to the involvement of parents in the assessment and intervention processes for children with behavior disorders.

Assessment

Parents must provide consent prior to any type of assessment taking place. An initial contact with parents should be made when the child is referred. A primary purpose of that contact is to provide the parent with sufficient information to allow an informed consent decision for an evaluation of the child. Specific kinds of information are essential for an informed consent. There should be a complete description of the situation leading to the referral, if the parents have not been given this information in a prior school contact. The psychologist is responsible for explaining assessment procedures and particular techniques or instruments to be used. The explanations must be clear and at an appropriate level of communication. If need be, interpretation is to be provided in the parents native language. Parents are to be informed also concerning limits on the confidentiality of records maintained by the school system, how they are stored, who has access to the psychological records and how they are used by the system. The possible consequences of an evaluation should also be discussed. The consent obtained must be voluntary. Care must be taken to see that sufficient time is provided for the parent to consider the consent decision. It may at times be necessary to counteract the subtle pressure that can be inherent in the staffing procedure itself. The intimidation felt by many parents may interfere with truly voluntary consent. The effect of intimidation can best be negated by providing complete and objective information which includes alternative courses of action and their possible consequences.

The parent has the right to refuse and if they choose to do so, two options result. The first may be a decision to halt all proceedings. The second may be a decision to reaffirm the recommendation for evaluation. If it is the latter option, appeal procedures within the school would be instituted. If the psychologist does not concur with team personnel recommendations it is the professional responsibility of the psychologist to make that dissent known. That responsibility exists of course, in all assessment and intervention procedures.

Parent Interview for Assessment

School Psychological Services, Guidelines and Resource Material indicates that a comprehensive psychological evaluation is necessary to provide adequate service. A complete evaluation includes information from parents and an opportunity to assess behavior in as many different settings as possible, a particularly important component in the assessment of behavior disorders. It is apparent that behavior of the child can best be analyzed with an understanding of the parent-child relationship, the prior history of disciplinary practices, the organization of the family and significant conditions affecting family living. The Rehabilitation Act of 1973 supports this aspect of assessment and applies to any entity receiving Federal funds which operates a public education program. The Act's regulation concerning evaluation states: "Information from sources other than ability or achievement tests, including information concerning physical conditions, sociocultural background and adaptive behavior home and school is gathered and considered." The specific format used to gather information about the child's environment outside of the classroom will vary with the particular situation. The areas of interest to the psychologist will relate to their individual theoretical orientations. However, certain considerations are always in effect. Ethical Standards of Psychologists adopted by the American Psychological Association contains the

following statement:

> "psychologists who ask individuals to reveal personal information in the course of interviewing, testing or evaluation, or who allows such information to be divulged to him, do so only after making certain that the person is fully aware of the purposes of the interview, testing, or evaluation and of the ways in which the information may be used."

The psychologist must be particularly cognizant of privacy rights and standards relating to them in the area of behavior disorders. For it is with these types of problems that those rights have the greatest risk of violation. Only information whi bears a direct relationship to the referred problem should be requested. The psychologist is in a better posture to protect privacy rights if there is some understanding of the basic issues. It is suggested that some assessment data be gathered prior to interviewing the parent. In other words, the best foundation for judging the relevancy of questions to be asked will be assessment data obtained prior to the parent interview component of the evaluation. If it is the request of the parent that certain information which may be necessary to the evaluation remain confidential, it must not be revealed without consent and the psychologist must take precautions that the information is not shared with those to whom consent does not extend. Maintaining confidentiality requires great care in an institution such as a school. Many school personnel may be affected by the problem behavior and are concerned about information which may help them understand it. Ethical Standards for Psychologists provide very clear guidelines:

> "information obtained in clinical or consulting relationships, or evaluation data concerning children, are discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports should present only data germane to the purposes of the evaluation, every effort should be made to avoid undue invasion of privacy."

As school systems follow the mandate to provide special services and equal opportunities for education to all handicapped children, the professional

tradition of psychologists in the areas of confidentiality and protection of privacy increases their responsibilty to serve as models in these areas of concern to other personnel.

In interviewing parents, a general format can be suggested:

1. Do the parents see the referral problem(s) at home? It may be that the problem is situation specific and occurs rarely or not at all in the home. If so, certain questions may be eliminated.
2. Obtain a general developmental history of the child.
3. Obtain a history of the problem behavior(s).
4. Gain a clear and precise description of the current situation, relevant to the problem behavior.
5. Determine the strategies for dealing with the behavior that parents have used in the past, including a description of their effectiveness.

There may be a decision to ask parents to gather additional information. If so, the psychologist should: instruct the parents in the procedures to be used, specify tasks clearly, and keep tasks manageable and relevant to the problem behavior.

When the assessment is complete, an explanation of results is to be provided to the parents. The psychologist is responsible for directly explaining the findings of the evaluation to guard against misinterpretation or misuse. The explanation must be at the appropriate level of verbal comprehension. The intent, whether in the explanation of assessment techniques, or in the description of intervention procedures, should be to provide information to parents in a usable form. That is, to give sufficient information to allow them to make reasoned decisions.

Intervention

School Psychological Services, Guidelines and Resource Material, states

clearly that parents are to be consulted in the planning of intervention strategies and also that direct assistance is to be provided to parents for management of behavior, if that is required:

> "Consult with school personnel and parents and make recommendations to develop, implement and maintain appropriate procedures to individuals and/or groups of students."
>
> "Provide assistance to pupils, parents and school personnel in establishing effective procedures for behavior management."

The psychologist must provide a complete explanation to the parents of intervention procedures which the psychologist proposes. The point, once again, is to allow for informed consent. The explanation must include the following areas:

1. Detailed description of the procedures.
2. The advantages and possible disadvantages of the proposed strategy.
3. Possible alternative procedures.
4. The expectations of the psychologist relative to the procedure.
5. The theoretical rationale - why this is the intervention of choice.
6. What can reasonably be expected if the procedures is implemented.

One of the American Psychological Association's guidelines for the protection of client welfare includes the following, "the therapist neither makes claims for competence he does not have nor makes undocumented claims for techniques."

A system should be devised by which parents are appraised of progress. The psychologist may or may not have the responsibility for keeping the parent informed, depending upon the extent of direct involvement by the psychologist in the intervention. Whether the child remains in the regular classroom or is in a special class placement, the teacher may well be the most effective person to provide frequent monitoring information to the parent. For any form of

intervention or special education placement, at least annual evaluation and information concerning progress must be given parents. The Rehabilitation Act of 1973 has a regulation concerning reevaluation which states:

> "Annual reevaluation of his or her education needs and progress in accordance with the procedures established in evaluation regulations and shall inform the student's parents of the results..."

Intervention plans will range on a continuum, from a great deal of direct parental involvement to perhaps only an understanding and verbal support of a program carried out entirely in the school. The extent of involvement is affected by: placement decisions, school programs available, the severity of the problem, the relationship of the home environment to problem manifestations, the amount of support and cooperation the parents are willing to give, and the theoretical orientation of the psychologist. Those psychologists who focus on the importance of environmental change will more frequently have parents actively involved.

It is vital to consider parental attitudes toward any intervention plan being proposed, and if it is found that there are objections to procedures, a mutually agreeable alternative procedure should be substituted. Proceeding in spite of strong parental objections invites failure. The use of technical language or jargon to explain assessment and proposed interventions may cause misunderstanding and unnecessary parental concern. Some terms and phrases can be particularly aversive and frightening to parents and should be avoided unless absolutely necessary to clarify. If the psychologist's intervention proposals are reasonable, the positive descriptions of them should facilitate parental cooperation. Ultimately, it may be that parents will not be particularly cooperative, it may be that problem behavior is being shaped and maintained in the home; the school still has the responsibility to aid the child to the best of its ability.

At some point in intervention proceedings, it may become the consensus

of those working with the student, that self-contained special class placement is recommended. The more restrictive placement proposals require consultation with a psychiatrist or a licensed psychologist. If that requirement necessitates the involvement of an additional professional, the parents must be informed that this will involve obtaining an opinion as to whether such a placement would be contraindicated and that assessment information obtained by the psychologist will be shared in that consultation. Permission to share assessment information must be obtained from the parents. Permission from the parents to allow special education placement will again entail all procedures for informed consent that are necessary prior to any assessment or intervention taking place.

Advantages of Parental Involvement

Parental involvement in assessment and intervention, to whatever degree possible, will best serve the long-range interests of the child. Parental involvement increases the chances of intervention success and allows for additional positive consequences. It is of ultimate benefit to the child if the parents accept and act on their responsibility for their child's behavior. Parental efforts in this regard are not reinforced if the school assumes total or even major responsibility for behavior change. Strengthening parental involvement, strengthens families in general and frequently encourages more effective handling of the child at home. The increased probability of parent-school communications may also have positive results. The ratio of positive-negative school contacts may improve. Many parents have had a preponderance of negative interactions with the school. School home contact concerning intervention provides opportunities to reinforce the use of correct procedures by parents. The generalization and maintenance of behavior change programs will also be facilitated if parents are informed and involved.

Direct Services to Parents

Psychological services as defined in Public Law 94-142 includes the following:

> "planning and managing a program of psychological services, including psychological counseling for children and parents."

Direct service to parents is also described in School Psychological Services, Guidelines and Resource Material published by the Department of Public Instruction:

> "services of the School Psychologist are available to children, parents or guardians...."

These quotations provide clear support for direct services to parents. Parenting courses are being offered by psychologists in some Area Education Associations and are seen as very valuable sources of parental help.

The school psychologist may offer home-management suggestions. A caution must be noted. Without an opportunity for the psychologist to analyze the home environment in detail, the suggestions made must necessarily be broad. Such general types of home-management suggestions may be less helpful than the psychologist would hope and to make any management recommendations with restricted information should be carefully considered.

Some aspects of limited parental consultation may be beneficial. Behavior problems range on a continuum of severity. The psychologist can help parents put the severity of their child's behavior in perspective. Excessive concern may be reduced. Encouraging parents to set limited positive goals, to be worked on in sequence, may enable them to be somewhat relieved from other problems and make behavior change seem more manageable. It is advantageous for the parents to see a pattern to the problem(s) and the psychologist can provide them a structure within which to view the behavior. No matter the theoretical orientation of the psychologist, aiding parents to see possible determinants of behavior encourages efforts toward solutions.

Referring to Other Sources of Help

The Department of Public Instruction in Psychological Services, Guidelines and Resource Material, requires that the school psychologist:

> "develop and maintain contacts with community agencies and specialists in order that community resources and services of the school psychologist would complement one another."

The Standards for Psychological Services of the American Psychological Association states that:

> "providers of psychological services shall inform themselves about and utilize the network of human services in their communities in order to effect linkage of consumers with relevant services and resources."

In providing services to children with behavior disorders and in dealing with their families it may at times be advisable to refer to other possible sources of help. The psychologist should describe the type of assistance being advised and provide the alternative sources which offer those services within the community. If the parent does seek aid outside the school and requests the release of information obtained by the school, the psychologist has direct responsibility for providing the data gained through the evaluation and interventions conducted by the psychologist.

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